STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305085	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Langdon Place of Keene	136 A Arch Street Keene, NH 03431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement water management control measures which could potentially expose the facility's census of 25 residents to the spread and growth of water borne pathogens. Findings include:Review on 2/10/26 of the facility's policy titled, Legionella Surveillance, revised on 9/1/25, revealed, .5. Primary Prevention Strategies:.d. Temperature controls: .ii. Hot water shall be stored above 140 [degrees] F [Fahrenheit] and circulated at a minimum return temperature of 124 F.Review on 2/10/26 of the facility water management plan, dated 11/18/25, revealed, .Area where Legionella Could Grow and Spread .Hot water holding tanks .Control Measures & [and] Corrective Action .Hot water holding tanks: .For both types of tanks check for scale build up, biofilm, and other forms of surface contamination. Assure there is reasonable flow through the tank and stagnation is not occurring. Once a month flush for sediment buildup [sic] .Interview on 2/10/26 at 11:20 a.m. with Staff A (Maintenance Director) confirmed the above findings and revealed the facility did not have documentation that temperatures were taken at the hot water holding tank, of checks for scale build up, biofilm, and other forms of surface contamination or of monthly flushes of the hot water holding tanks.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE